

*Please inform us if you require assistance in filling out an application or taking a pre-employment test.  
Individuals with disabilities should request reasonable accommodations in accordance with the  
American with Disabilities Act prior to testing or appointment.*

**MUST RETURN BY 5 P.M.**



**CITY OF SPRINGFIELD, MISSOURI**

**HUMAN RESOURCES**

**840 BOONVILLE, Room 324**

**SPRINGFIELD, MO 65802**

**EOE M/F/V/D**

**(417)864-1607 TDD – (417)864-1555**

**JOBS HOTLINE (417)864-1606 or 800-864-2086**

**Internet <http://springfieldmogov.org>**

Applying for Position

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Name (Please print) \_\_\_\_\_  
Last, First, MI

**INSTRUCTIONS TO APPLICANT** Type or print legibly in completing all pages of this application. Please **SIGN LAST PAGE**. The application and any attachments become the property of the City of Springfield.

1. NAME: Last First Middle	2. TELEPHONE: Home (Area Code)	3. TELEPHONE: Business/Day (Area Code)
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4. E-Mail Address (If applicable)

5. ADDRESS: Number Street Apt. No.

6. CITY STATE	7. ZIP	8. COUNTY	9. SOCIAL SECURITY #
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10. Are you a United States citizen? YES NO If you are not a citizen, give the number of your permanent resident card, work permit, or employment authorization card (provide copy of front and back of card): # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

11. How did you hear about the position? \_\_\_\_\_  
(If you heard from a Newspaper or Website, please specify which one)

12. Do you have any relative(s) working for the City, serving on the City's administrative boards or City council? YES NO

Name(s) and relationship(s): \_\_\_\_\_

The City Merit Rule 11.4 states that, without specific approval by the City Manager, no person shall be employed, promoted or transferred to a department or agency of the City or division or section thereof, when as a result he or she would be working permanently with, supervising or receiving supervision from a member of his immediate family. In addition, no more than three persons, including the employee, who are members of the same immediate family may be employed in a regular FT capacity by the City at the same time.

13. Have you ever been convicted of, or plead guilty to, any federal, state or municipal criminal offense?(This includes ALL TRAFFIC VIOLATIONS, including speeding, etc.)

YES NO (If YES, list complete conviction record-use additional sheets, if necessary.)

DATE: \_\_\_\_\_ OFFENSE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EXPLANATION (Misdemeanor or Felony – Please give full details): \_\_\_\_\_

**A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed.**

Date \_\_\_\_\_

14. List Below information concerning military duty, if any. **MUST attach DD214** to verify military service and type of discharge. No credit will be given if form is not attached.

Branch of Service \_\_\_\_\_ Serial # \_\_\_\_\_  
Type of Discharge \_\_\_\_\_ Dates of Service \_\_\_\_\_

15. Have you ever been employed by the City of Springfield? YES NO

Dates employed: \_\_\_\_\_ Department: \_\_\_\_\_

16. Date available for employment \_\_\_\_\_ 17. Today's Date \_\_\_\_\_

18. Name of High School Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Did you graduate or obtain equivalency diploma? YES NO

VOCATIONAL EDUCATION (BUSINESS SCHOOL, TRADES SCHOOL, SERVICE SCHOOLS, ETC)

COLLEGE AND UNIVERSITY (UNDERGRADUATE, GRADUATE, PROFESSIONAL)

NAME AND LOCATION	COURSES OF STUDY	DIPLOMA, CERTIFICATE, OR DEGREE RECEIVED	CREDIT HOURS EARNED

**NOTE: TO RECEIVE CREDIT FOR COLLEGE EDUCATION, YOU MUST SUBMIT YOUR TRANSCRIPT(S).**

*Please list all applicable licensures, license number(s), and expiration date(s):*

EDUCATION AND EXPERIENCE SHALL BE EVALUATED WITH REGARD TO RECENCY AND QUALITY, AS WELL AS QUANTITY, PER CITY MERIT RULE 5.8

19. In the space below, list your complete record of employment for the **PAST TEN YEARS** and any other relevant **work/volunteer** experience. Start with your present or most recent position and continue in descending order. List positions in the order you held them. List any periods of unemployment. If the vacancy announcement includes an experience requirement, **be sure to show clearly that you meet such requirement**. If more space is needed, attach separate sheet(s) to this application.

Employer		<u>Dates of Employment</u>	
Supervisor's Name and Title		FROM MO/YR_____	TO MO/YR_____
Address		Starting Salary	Final Salary
City	State	Phone	Reason For Leaving
Your Exact Title		Circle One Full Time    Part Time	
Specific Duties			

Employer		<u>Dates of Employment</u>	
Supervisor's Name and Title		FROM MO/YR_____	TO MO/YR_____
Address		Starting Salary	Final Salary
City	State	Phone	Reason For Leaving
Your Exact Title		Circle One Full Time    Part Time	
Specific Duties			

Employer		<u>Dates of Employment</u>	
Supervisor's Name and Title		FROM MO/YR_____	TO MO/YR_____
Address		Starting Salary	Final Salary
City	State	Phone	Reason For Leaving
Your Exact Title		Circle One Full Time    Part Time	
Specific Duties			

**It is our practice not to contact a present employer without the candidate's consent. Please DO NOT submit references at this time.**

# MISSION

The people of our community are the  
only reason we are here.

Therefore,  
we are committed to

## WORKING WITH THE COMMUNITY

to provide ethical and responsible local government  
so that everyone can enjoy the benefits  
of living and working in Springfield.

We will achieve this through:

### **Integrity and Pride of Service**

in everything we say and do, and with dedication to quality.

### **Cooperation and Communication**

with one another and with citizens to ensure open government  
and open management with no surprises.

### **Continuous Improvement of Services**

Through cost-effective utilization of  
people, materials, equipment and technology.

### **Leadership and Knowledge**

through staff training and development.

### **Innovation**

in how we meet present and future needs of our city.

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#### APPLICANT CERTIFICATION, RELEASE OF INFORMATION, AND AUTHORIZATIONS

I have read , understand, and support the City's Mission Statement. I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if prior to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the denial of employment. I also understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions may be just cause for termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made.

I, the undersigned, do hereby authorize the City of Springfield and/or its designated provider to conduct an investigation with respect to my application for employment and my qualifications and fitness for the position I have applied for and for employment with the City. I release the City, my former employers, and personal references from any liability or damage caused by giving and receiving information or opinions as to my employment or character. Information obtained may include residential, achievement, job performance, attendance, employment history, personal references, credit reports, driving records, and criminal history records.

I agree to hold the City harmless and in no event shall the City be liable to me for special, indirect, or consequential damages for the refusal of employment due to information obtained during my background security check. Any information obtained through former employers and/or personal references will become property of the City of Springfield.

I authorize the City of Springfield, Missouri or its designated provider to perform pre-employment urine drug screening. I understand that I must successfully pass the drug screening in order to be eligible to begin employment with the City of Springfield. I understand I have the right to request a copy of the City's Substance Abuse Policy.

I understand that if I have questions regarding any portion of the employment procedure, I have the right to contact the Human Resources Department for clarification.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

*The City of Springfield is committed to workforce diversity and a drug-free workplace. **Pre-employment drug testing is required.** Women, minorities, and individuals with disabilities are encouraged to apply.* Revised 01/05